| MITD DEC | | | | | |
|--|--|--|--|--|--|
| . HLEU UEU | 30 1950 | STANDARD CEF | RTIFICATE OF DEA | ATH . State File No | 40292 |
| | | _ REG. DIST. NO | | NO. 3022 Registrar's A | v. 181 |
| a. COUNTY | | | 2 USUAL RESID | ENCE (Where decessed lived. If | institution: residence before |
| F | | i LENOTI | M1.SS | | |
| _OR | | township) STAY (in this | place) UK | | awnship) |
| d. FULL NAME OF | | | , | | 1070 |
| HOSPITAL OR INSTITUTION | | | _ ADDRESS | | / |
| | a. (First) | b. (Middle) | | | |
| DECEASED (Type or Print) | r'a | A AUN | | | n) (Day) (Year) 18/50 |
| | | 1 7. MARRIED, NEVER MARRIE | D A I & DATE OF BIRTH | 9. AGE (In years) IF the | DER I YEAR IF IDENER 21 40% |
| F. / | white | WIDOWED, DIVORCED (Spec | ا مناعد | last birthday) Month | Days Hours Min. |
| 10a. USUAL OCCUPATIO | ION (Give kind of work | 10b. KIND OF BUSINESS OR | IN- 11. BIRTHPLACE (State | or foreign country) | 12. CITIZEN OF WHAT |
| done during must of works | none | none bus | TRV 1 | | COUNTRY |
| 3a. FATHER'S NAME | | | | 14. NAME OF HUSBAND OR W | |
| Werner_He | llebusch | Christin | ne Westhoff | None | |
| 15. WAS DECEASED EVE | ER IN U.S. ARMED FO | FORCES? 16. SOCIAL SECUR | | <u> </u> | ADDRESS |
| no (1 | Yes, give war or damp. | of service) none | No. Werner H | lellebusch | Peers, Mo. |
| | * PICEAGE OR CO | | AL CERTIFICATION | , , , | INTERVAL BETWEEN |
| | DIRECTLY LEADIN | NOTO DEATH*(a) | thro flastosis | Loctales | ONSET AND DEATH |
| | ANTECEDENT CA | HISES | | // | 3 |
| *This does not mean the mode of dying, such | | | | <u> </u> | , Not |
| as heart failure, asthenia, | rise to the above car the underlying cau | use (a) stating | | | · . · · · · · · · · · · · · · · · · · · |
| ease, injury, or complica- | | DUE TO (c) | | <u></u> | |
| ion which caused death. | | | | | 2000 |
| | Conditions contributed to the diseas | ting to the death out not te or condition causing death. | | | 17/00 |
| 19a. DATE OF OPERA- TION | 19b. MAJOR FIND | INGS OF OPERATION | • • | | 20. AUTOPSY7 |
| | | | | | YES NO TO |
| Ma. ACCIDENT SUICIDE HOMICIDE | (Specify) · 21 | 1b. PLACE OF INJURY (e.g., in or a .ome, farm, factory, street, office bldg. | boot 21c. (CITY, TOWN, OR ' | TOWNSHIP) (COUNTY) | (STATE) |
| |) (Day) (Year) (H | | | OCCUR? | |
| INJURY | <u>.</u> . | | | | |
| 2. I herebu certify i | that I attended th | | | 2-18 1950 that II | net even the derenged |
| | 16 , 1950 | and that death occurred | at 4/00 m., from th | he causes and on the date sta | ted above. |
| | 1.11 | | | | 23c. DATE SIGNED |
| perher | Holes | med mo | markas | ville no | 12-19-50 |
| | | | ETERY OR CREMATORY | 24d. LOCATION (City, town, or co | |
| Burial / | <u>" 12/19</u> | 9/50 St. Ig | | Concord Hil | 1 Mo. |
| | L REGISTRAR'S SIG | | | TOW & SIGNATURE | ADDRESS |
| De-19,195 | 10 Holista | | o Deforat Buh | the Marthasvi | lle, ^M o. |
| | | (Licensed Embalms | rr's Statement on Reverse Side | r) / | |
| | BIRTH NO. 297 I. PLACE OF DELA. COUNTY I. PLACE OF DELA. COUNTY B. CITY (If outside or OR INSTITUTION J. PLACE OF DELA. COUPATIC (If outside or Print) J. NAME OF DECEASED (Type or Print) J. SEX J. A. FATHER'S NAME Werner He IS. WAS DECEASED EVEY (Yee, no. or unknown) J. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) This does not mean the mode of dying, such the mode of dying, such as heart failure, asthenia, etc. It means the discusse, injury, or complication which caused death. J. A. CCIDENT SUICIDE ZIA. ACCIDENT HOMICIDE ZIA. ACCIDENT SUICIDE ZIA. SIGNATURE ZIA. SIGNATURE LULIAL, CREMATION, REMOVAL (Byodty, Bliria) | b. CITY (If outside corpurate limits, write RION OR TOWN Washington d. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION St. FT 3. NAME OF a. (First) G. COLOR OR RACE White IOa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no ne Werner Hellebusch 15. WAS DECEASED EVER IN U.S. ARMED FOR COOLOR OR CONTROL (If yee, give war or dates of no life to the disease of no life to t | BIRTH NO. 774/- 572 REG. DIST. NO. 116 BIRTH NO. 774/- 572 REG. DIST. NO. 116 I. PLACE OF DEATH a. COUNTY B. CITY (If octaids corporate limits, write RURAL and give township) D. CITY (If octaids corporate limits, write RURAL and give township) J. CITY (If octaids corporate limits, write RURAL and give township) J. CITY (If octaids corporate limits, write RURAL and give township) J. CITY (If octaids corporate limits, write RURAL and give township) J. CITY (If octaids corporate limits, write RURAL and give township) J. CITY (If octaids corporate limits, write RURAL and give township) J. CITY (If octaids corporate limits, write RURAL and give township) J. CITY (If octaids corporate limits, write RURAL and give township) J. CITY (If octaids corporate limits, write RURAL and give township) J. CITY (If octaids corporate limits, write RURAL and give township) J. CITY (If octaids corporate limits, write RURAL and give township) J. CITY (If octaids corporate limits, write RURAL and give township) J. CITY (If octaids corporate limits, write RURAL and give township) J. CITY (If octaids corporate limits, write RURAL and give to the Specific Normal and give township) J. CITY (If octaids corporate limits, write RURAL and give township) J. CITY (If octaids corporate limits, write RURAL and give township) J. CITY (If octaids corporate limits, write RURAL and give township) J. CITY (If octaids corporate limits, write RURAL and give township) J. CITY (If octaids corporate limits, write RURAL and give township) J. CITY (If octaids corporate limits, write RURAL and give township) J. CALENDARY (If octaids and g | STANDARD CERTIFICATE OF DE- BIRTH MO. 7574/- 50 REC. DIST. NO. 16 PRIMARY REC. DIST. 1. PLACE OF DEATH a. COUNTY Franklin b. CITY (If cetable corporate limits, write RURAL and give TOWN WE Shington C. CITY (If cetable corporate limits, write RURAL and give TOWN WE Shington C. CITY (If cetable corporate limits, write RURAL and give NSTITUTION St. Francis Hospital Stay (ig this place) TOWN St. Francis Hospital S. SAY (ig this place) TOWN TOWN St. Francis Hospital S. SAY (ig this place) TOWN TOWN St. Francis Hospital S. SEX 6. Color or RACE 7. MARRIED, NEVER MARRIED, 6. DATE OF BIRTH DECEASED (Type or Print) S. SEX 6. Color or RACE 7. MARRIED, NEVER MARRIED, 10. DISTOR DISTORDED TOWN TOWN TOWN TOWN TOWN Hellebusci S. SEX 6. Color or RACE 7. MARRIED, NEVER MARRIED, 10. DATE OF BIRTH 12/15/50 10a. USUAL OCCUPATION (Give kited de ock deceased print) TOWN TOWN TOWN TOWN TOWN TOWN TOWN WE Sh: 13b. MOTHER'S MAIDEN NAME Werner Hellebusch Usyn, sirve was or dates of service) 10b. William of Westhoff 15b. WAS DECEASED EVER IN U.S. ARMED FORCES! 11c. CITY: (If cetable corporate limits or limits) TOWN TOWN WE Sh: 13c. FATHER'S NAME Werner Hellebusch Usyn, sirve was or dates of service) 11c. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* 11c. DISEASE OR CONDITION DIRECTLY LEADI | BIRTH NO. 2574/- 50 REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 3028 Registrory in PLANCE OF DEATH a. COUNTY 1. PLACE OF DEATH a. COUNTY 2. DISTANCE OF DEATH b. CITY (If outside corporate littles, with a RURAL and give to core and to core and to core and to the hospital or institution, dive sucest address or location to TOWN We shington 3. NAME OF (If not in begins or institution, dive sucest address or location) MOSPITAL NAME OF (If not in begins or institution, dive sucest address or location) MOSPITAL NAME OF (If not in begins or institution, dive sucest address or location) MOSPITAL NAME OF (If not in begins or institution, dive sucest address or location) MOSPITAL NAME OF (If not in begins or institution, dive sucest address or location) MOSPITAL NAME OF (If not in begins or institution, dive sucest address or town in the institution of the institution, dive sucest address or town in the institution of the in |

DISTRICT HEALTH OFFICE NO. 4

DEC 33 1020

SECEINED

STATEMENT BY LICENSED EMBALMER

| I hereby certify that the body whose na | me is recorded on the | e reverse side | of this certificate | was emba | ilmed by me, | or by | |
|---|-----------------------|----------------|---------------------|----------|--------------|-----------------------|--|
| | | | | | | | |
| | ********** | | , | | | | |
| working under my personal supervision. | • | | . Student | Embalmer | No | • • • • • • • • • • • | |

Body not embalmed.

Licensed Embalmer No. P. O. Address_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

.If this body is not embalmed, fact should be so stated above.